



# CMHF Site Review Report (2/2024)

The purpose of this site review is to document compliance with your contract with the Community Mental Health Fund and the residents of Jackson County

**Review Date:** \_\_\_\_\_ **Category/Provider:** \_\_\_\_\_  
**Service Description:** \_\_\_\_\_  
**Contract Amount: \$** \_\_\_\_\_ **Current Spending:** \_\_\_\_\_

<b>Chart Review</b>	
Time Period:	
# Charts Reviewed:	
Services Reviewed:	

<b>Statutory Requirements</b>	yes	no	Improvement Needed
Documented service units same as reported (billed)			
Staff meet State requirements for licensure and supervision			
Jackson County residence documented for all clients served			

If no, explanation:

<b>Quality Pillars</b>	Consistently Evident	Emerging	Improvement Needed
<b>Clinically Sound Practice</b>			
<i>(1-2 sentence comment regarding feedback/TA Provided)</i>			
<b>Clinical / Functional Outcomes</b>			
<i>(1-2 sentence comment regarding feedback/TA Provided)</i>			
<b>Quality Assurance Improvement Practices</b>			
<i>(1-2 sentence comment regarding feedback/TA Provided)</i>			

**Value Based Pay Status:** Active \_\_\_\_\_ In Training \_\_\_\_\_ Not in Program \_\_\_\_\_

	Yes	no
Current on Values and Task reporting		
KPI values review match report		
Evidence of Rapid Cycle/Quality Improvement activity		
Comments:		

Additional Comments:

**OVERALL FINDINGS:**  
 \_\_\_\_\_ In Compliance  
 \_\_\_\_\_ Follow Up Needed

Follow Up Plan (if applicable):

Agency Participant (s): \_\_\_\_\_

CMHF Program Liaison: \_\_\_\_\_